

**MERCED COUNTY** MATT H. MAY, ASSESSOR 2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

## **CERTIFICATE OF DISABILITY**

The claimant listed below has applied to transfer their property tax base to a replacement primary residence. In order to qualify for this tax benefit, a licensed physician or surgeon of appropriate specialty must certify that the disability of the claimant is severe and permanent. The definition of a severely and permanently disabled person is, "... any person who has a physical disability or impairment, whether from birth or by reason of accident or disease, that results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and that has been diagnosed as permanently affecting the person's ability to function, including, but not limited to, any disability or impairment that affects sight, speech, hearing, or the use of any limbs." (Revenue and Taxation Code section 74.3)

## I. TO BE COMPLETED BY A PHYSICIAN (please print)

EE-19-DC-R02-0522-2400018

Patient's Name:			Date of disability:		
Descript	ion of patient's disability:				
		why the disability necessitates a mo locational requirements, of a replace		residence, and (2) the disability-	
l am a lio	censed 🗌 physician	surgeon. My specialty is:			
		CERTIFICATION	OF DISABILITY		
I	certify that in my medical c	pinion, the above-named patient do	es qualify as a disabled person a	according to the definition above.	
SIGNATURE OF PHYSICIAN OR SURGEON				DATE	
PHYSICIAN OR SURGEON'S NAME (print or type)				DAYTIME PHONE NUMBER	
II. TO B	E COMPLETED BY CLAIN	IANT, CLAIMANT'S SPOUSE, OR	LEGAL GUARDIAN (please prin	/\/	
NAME OF (	CLAIMANT		NAME OF SPOUSE OR LEGAL GUARD	IAN	
PROPERTY	YADDRESS			ASSESSOR'S PARCEL/ID NUMBER	
	CE	RTIFICATION OF DISABILITY-REL		k A or B)	
☐ A:		, or legal guardian must describe in Part I <i>(Part I <b>must</b> be completed</i>		residence meets the disability-related	
□ B:	replacement primary re	esidence is to satisfy the identified OR	vs of the State of California that I disability-related requirement	the primary purpose of the move to the ts described in Part I. the primary purpose of the move to the	
SIGNATURI	E OF CLAIMANT, SPOUSE, OR LEGA	L GUARDIAN	PRINTED NAME		
DAYTIME P	PHONE NUMBER			DATE	
EMAIL ADD	PRESS				
	T	HIS DOCUMENT IS NOT SUB	JECT TO PUBLIC INSPEC	TION	